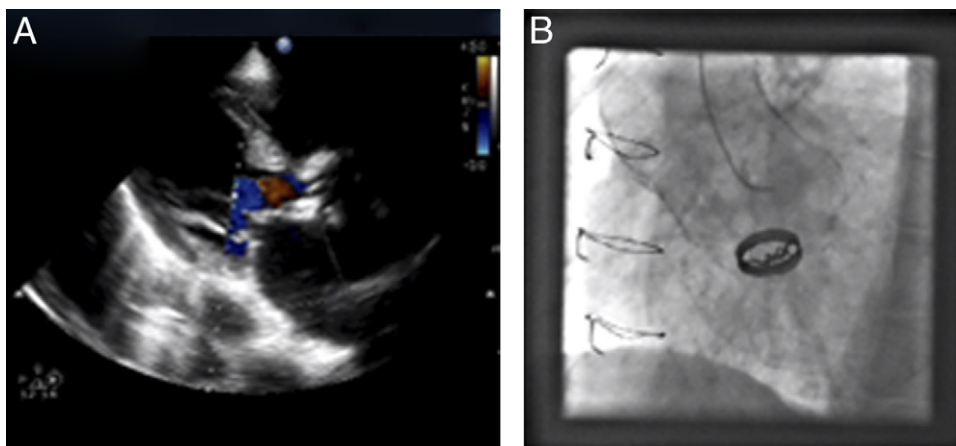


IMAGES IN CARDIOLOGY

Acute Major Prosthetic Aortic Valve Dehiscence Secondary to *Staphylococcus Aureus* Endocarditis Presenting as ST-Segment Elevation Myocardial Infarction

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An 86-year-old woman presented as an emergency with chest pain and breathlessness. An electrocardiogram recorded by the paramedics showed anterior ST-segment elevation, and she was brought directly to the heart attack center for primary percutaneous coronary intervention. She had undergone a mechanical aortic valve replacement 18 years previously for aortic stenosis. Clinical examination confirmed a collapsing pulse and an early diastolic murmur. Bedside transthoracic echocardiography confirmed severe aortic incompetence and a possible vegetation (**A**, Online Video 1). We considered it was appropriate to proceed to emergency coronary angiography to delineate coronary anatomy. During angiography, which showed unobstructed coronaries, we noticed major abnormal motion of the prosthetic aortic valve, indicating critical dehiscence (**B**, Online Video 2) and a heavily calcified aorta. The patient rapidly went into cardiogenic shock, and an operation to replace the aortic valve was deemed inappropriate. Her condition deteriorated, and she died 2 h later.